



Certification of Rocky Mountain HealthNet (RMHN)

I, George DelGrosso [name of individual authorized to sign on behalf of Program Participant], on behalf of the Colorado Behavioral Healthcare Council [Program Participant] certify and swear under the penalty of perjury, that to the best of my knowledge, information and belief, all federal Rural Health Care Pilot Program support provided to us will be used only for eligible Pilot Program purposes for which the support is intended, as described in the Pilot Program Order (WC Docket 02-60; FCC 07-498, released November 19, 2007), and consistent with related FCC orders, section 254(h)(2)(A) of the Telecommunications Act of 1934, as amended, and Parts 54.601 *et seq.* of the FCC's rules.

 (signature)

Name: George DelGrosso

Title: Executive Director

Date: 12/09/09

NOTARIZED BY: 

my commission expires 3-3-12